

APPLICATION FORM

St. Philip Lutheran Preschool
6200 N. Kings Hwy., Myrtle Beach, SC 29572
Email: spkdgnum1@gmail.com (843) 449-4322

Application for: *(check all that apply)*

- 2 YEAR-OLD CLASS (5 days) *(Must be 2 by September 1st)*
 3 YEAR-OLD PRESCHOOL (5 days) *(Must be 3 by September 1st)* *Must be potty-trained for 3 and 4-year -old classes
 4 YEAR-OLD PRESCHOOL (5 days) *(Must be 4 by September 1st)*
 EARLY MORNING DROP-OFF (DAYCARE) Monday-Friday 8:00 am-9:00 am (\$5.00 per hour)*Must be potty-trained
 LUNCH BUNCH Monday-Friday 11:45 am-5:00 pm (\$5.00 per hour) *Must be potty-trained

MONTHLY TUITION FEE: 3 & 4 year-old classes \$305.00 *includes \$5 Musikgarten+ \$5 Spanish + \$5 Fun Gym= \$15 weekly
*(\$60 monthly)

MONTHLY TUITION FEE: 2 year-old class \$285.00 *includes \$5 Musikgarten+ \$5 Fun Gym= \$10 weekly*(\$40 monthly)

REGISTRATION: School Year 2018-2019 REGISTRATION FEE: \$50.00
 School year 2019-2020 REGISTRATION FEE: \$50.00

ALL TUITION, SUPPLY FEES AND REGISTRATION ARE NON-REFUNDABLE

\$50.00 registration fee for a new child.

If a child is returning for another year, early registration fee is \$30.00, if before deadline. (Deadline for early registration: March 23, 2018)

YOUR INFORMATION:

Church Home: _____

Child's Full Name: _____

Preferred or Nickname: _____ Date of Birth: ___/___/___ Sex: M___ F___

Address: _____

Mailing Address: _____

Email Address: _____

Mother's Name _____ Father's Name: _____

Emergency Numbers: *(Please make sure that you provide updated phone numbers throughout the school year)*

Home _____ Mom's Cell: _____ Dad's Cell: _____

Mom's Work _____ Dad's Work: _____

Email: _____

St. Philip Lutheran Preschool admits students of any race, color, national or ethnic origin to the rights, privileges, programs, and activities generally accorded or made available to the students of the school. Our school does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies.

FOR OFFICE USE ONLY:

Referred by: _____

Date Fees Received: ___/___/___

\$ _____ Registration Fee Received CASH \$ _____ CHECK # _____

TEACHER _____